

<i>SERFF Tracking Number:</i>	<i>HUMA-126400252</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Dental Insurance Company</i>	<i>State Tracking Number:</i>	<i>44502</i>
<i>Company Tracking Number:</i>	<i>AR DENTAL ASSOC H1 DEPENDENT AGE</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR Dental Assoc H1 Dependent Age</i>		
<i>Project Name/Number:</i>	<i>AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age</i>		

Filing at a Glance

Company: Humana Dental Insurance Company

Product Name: AR Dental Assoc H1 DependentSERFF Tr Num: HUMA-126400252 State: Arkansas

Age

TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 44502

Closed

Sub-TOI: H10G.000 Health - Dental Co Tr Num: AR DENTAL ASSOC State Status: Approved-Closed
H1 DEPENDENT AGE

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Erin Hermsen, Paula

Disposition Date: 01/11/2010

Konop, Tina Huettl, Christi Conrad

Date Submitted: 01/07/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: AR Dental Assoc H1 Dependent Age

Project Number: AR Dental Assoc H1 Dependent Age

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/11/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/11/2010

Created By: Christi Conrad

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Christi Conrad

Filing Description:

Arkansas Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

RE: INDIVIDUAL DENTAL INSURANCE AMENDMENT

HUMANADENTAL INSURANCE COMPANY

SERFF Tracking Number: HUMA-126400252 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44502
Company Tracking Number: AR DENTAL ASSOC H1 DEPENDENT AGE
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: AR Dental Assoc H1 Dependent Age
Project Name/Number: AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age
NAIC #119-70580
FEIN #39-0714280

Dear Sir/Madam:

We respectfully submit for your approval the attached amendment. This form is amending the definitions section of the certificate HUMD-ASSOC-CERT.001 which was approved by your department on 6/29/2009.

To the best of our knowledge, we believe the attached amendment satisfies the minimum requirements of applicable Arkansas statutes and regulations.

Upon approval, please notify me via SERFF. If you have any questions regarding this filing, please contact me by phone at 1-800-558-4444, extension 3765, or via SERFF.

Sincerely,
HUMANADENTAL INSURANCE COMPANY

Christi Conrad
Specialty Benefits Compliance Specialist

Company and Contact

Filing Contact Information

Christi Conrad, Specialty Benefits Compliance cconrad@humana.com
Specialist
325 Reid St. 920-337-3765 [Phone]
De Pere, WI 54115

Filing Company Information

Humana Dental Insurance Company	CoCode: 70580	State of Domicile: Wisconsin
1100 Employer's Blvd	Group Code: 119	Company Type:
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-0714280	

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00

SERFF Tracking Number: HUMA-126400252 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44502
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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: AR Dental Assoc H1 Dependent Age
Project Name/Number: AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age
Retaliatory? Yes
Fee Explanation: \$20.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Dental Insurance Company	\$20.00	01/07/2010	33340780

SERFF Tracking Number: HUMA-126400252 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/11/2010	01/11/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/11/2010	01/11/2010	Christi Conrad	01/11/2010	01/11/2010
Pending Industry Response	Rosalind Minor	01/08/2010	01/08/2010	Christi Conrad	01/11/2010	01/11/2010

<i>SERFF Tracking Number:</i>	<i>HUMA-126400252</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR DENTAL ASSOC H1 DEPENDENT AGE</i>		
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<i>Project Name/Number:</i>	<i>AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age</i>		

Disposition

Disposition Date: 01/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-126400252</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form (revised)	Amendment	Approved-Closed	Yes
Form	Amendment	Replaced	Yes
Form	Amendment	Replaced	Yes

SERFF Tracking Number: HUMA-126400252 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44502
Company Tracking Number: AR DENTAL ASSOC H1 DEPENDENT AGE
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: AR Dental Assoc H1 Dependent Age
Project Name/Number: AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/11/2010
Submitted Date 01/11/2010

Respond By Date

Dear Christi Conrad,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendment, AR HUMD AMEND 12/09 (Form)

Comment:

Please review Item 4 under Dependent. The 31 day period has not been removed.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/11/2010
Submitted Date 01/11/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: Language has been removed per your request. Thanks

Related Objection 1

Applies To:

- Amendment, AR HUMD AMEND 12/09 (Form)

Comment:

Please review Item 4 under Dependent. The 31 day period has not been removed.

SERFF Tracking Number: HUMA-126400252 State: Arkansas
 Filing Company: Humana Dental Insurance Company State Tracking Number: 44502
 Company Tracking Number: AR DENTAL ASSOC H1 DEPENDENT AGE
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 Product Name: AR Dental Assoc H1 Dependent Age
 Project Name/Number: AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Amendment	AR HUMD AMEND 12/09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			AR H1 HDIC LCDP Amend 12- 09v3.pdf

Previous Version

Amendment	AR HUMD AMEND 12/09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			AR H1 HDIC LCDP Amend 12- 09v2.pdf
Amendment	AR HUMD AMEND 12/09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			AR H1 HDIC LCDP Amend 12-09.pdf

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,

Christi Conrad, Erin Hermesen, Paula Konop, Tina Huettl

SERFF Tracking Number: HUMA-126400252 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44502
Company Tracking Number: AR DENTAL ASSOC H1 DEPENDENT AGE
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: AR Dental Assoc H1 Dependent Age
Project Name/Number: AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/08/2010

Submitted Date 01/08/2010

Respond By Date

Dear Christi Conrad,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendment, AR HUMD AMEND 12/09 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/11/2010

Submitted Date 01/11/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: We have removed the time limit per your request.

Related Objection 1

Applies To:

- Amendment, AR HUMD AMEND 12/09 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to

SERFF Tracking Number: HUMA-126400252 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44502
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Product Name: AR Dental Assoc H1 Dependent Age
Project Name/Number: AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age
ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Amendment	AR HUMD AMEND 12/09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			AR H1 HDIC LCDP Amend 12- 09v2.pdf

Previous Version

Amendment	AR HUMD AMEND 12/09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			AR H1 HDIC LCDP Amend 12-09.pdf
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No Rate/Rule Schedule items changed.

Thank you for your continued reveiw of this filing. Have a great day.

Sincerely,

Christi Conrad, Erin Hermsen, Paula Konop, Tina Huettl

SERFF Tracking Number: HUMA-126400252 State: Arkansas

Filing Company: Humana Dental Insurance Company State Tracking Number: 44502

Company Tracking Number: AR DENTAL ASSOC H1 DEPENDENT AGE

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: AR Dental Assoc H1 Dependent Age

Project Name/Number: AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/11/2010	AR HUMD AMEND 12/09	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial			AR H1 HDIC LCDP Amend 12-09v3.pdf

AMENDMENT

HUMANADENTAL INSURANCE COMPANY

[Policyholder: [John Doe]]

[Policy Number: [xxxxxxx]]

[Effective Date: [xxxxxxxxxx]]

This amendment is attached to and made a part of *your certificate*. Except as modified below, all policy terms, conditions and limitations apply.

The Dependent definition is removed from *your policy* and is replaced with the following:

Dependent:

1. *Your* legally recognized spouse;
2. *Your* unmarried natural child, step-child, [foster child,] legally adopted child, or a child placed for adoption whose age is less than the limiting age and who is not provided coverage as a named subscriber, insured, enrollee, or *covered person* under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89097, 42 U.S.C. Section 1395, et seq.;
3. An unmarried child whose age is less than the limiting age and for whom *you* have received a court or administrative order to provide coverage and who is not provided coverage as a named subscriber, insured, enrollee, or *covered person* under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89097, 42 U.S.C. Section 1395, et seq.;
4. *Your dependent* child who upon attainment of the limiting age while insured under the *policy* is and continues to be both incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent upon the *primary insured* for support and maintenance. Proof of such incapacity and dependency must be furnished to *us* by the *primary insured* after the child's attainment of the limiting age. *We* may require at reasonable intervals following the child's attainment of the limiting age subsequent proof of the child's incapacity and dependency. *We* may require subsequent proof not more than once each year.
5. A covered *dependent's* newborn child (limited to 18 months after birth).

Dependent does not mean a:

1. Grandchild, unless such child is born to a *dependent* covered under the *policy*.
2. Great grandchild; or
3. Child who has not yet attained full legal age, but how has been declared by a court to be emancipated.

The limiting age for each child to be considered a *dependent* under the *policy* is [the child's 31st birthday][the end of the month in which the child attains the age of 31].

A covered *dependent* child who becomes eligible for other group dental coverage no longer is eligible for coverage under the *policy*.

We will not deny enrollment of a child on the grounds that: (1) the child was born out of wedlock; or (2) the child is not claimed as a *dependent* on the parent's federal income tax return; or (3) the child does not reside with the parent or in *our* service area.

AMENDMENT

The Dependent Coverage Eligibility Date provision of Section IV – Eligibility is removed and replaced with:

Dependent coverage

Eligibility date: If the *primary insured* is covered, the *primary insured's dependent* is eligible for coverage:

1. On the date the *primary insured* is eligible for coverage;
2. On the date of the *primary insured's* marriage (spouse and/or stepchildren);
3. On the date of birth of the *primary insured's* natural-born child; or
4. On the date a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption.

A *Dependent* child is eligible to apply if he or she is under the age of [25].



[Gerald L. Ganoni]
[President]

[



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SERFF Tracking Number:	HUMA-126400252	State:	Arkansas
Filing Company:	Humana Dental Insurance Company	State Tracking Number:	44502
Company Tracking Number:	AR DENTAL ASSOC H1 DEPENDENT AGE		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	AR Dental Assoc H1 Dependent Age		
Project Name/Number:	AR Dental Assoc H1 Dependent Age /AR Dental Assoc H1 Dependent Age		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	01/11/2010
Comments:		
Attachment:		
Certification of Compliance 1-2010.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	01/11/2010
Bypass Reason: N/A		
Comments:		

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

AR HUMA AMEND 12/09 Amendment

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, Gerald L. Ganoni, an officer of HumanaDental Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



Gerald L. Ganoni, President

__1-7-2010_____
Date

Individual responsible for this filing:

Christi Conrad
HumanaDental Insurance Company
Green Bay, WI 54344
Telephone 1-800-558-4444, Ext.3765
E-mail: cconrad@humana.com

<i>SERFF Tracking Number:</i>	<i>HUMA-126400252</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Dental Insurance Company</i>	<i>State Tracking Number:</i>	<i>44502</i>
<i>Company Tracking Number:</i>	<i>AR DENTAL ASSOC H1 DEPENDENT AGE</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/11/2010	Form	Amendment	01/11/2010	AR H1 HDIC LCDP Amend 12-09v2.pdf (Superceded)
01/07/2010	Form	Amendment	01/11/2010	AR H1 HDIC LCDP Amend 12-09.pdf (Superceded)

AMENDMENT

HUMANADENTAL INSURANCE COMPANY

[Policyholder: [John Doe]]

[Policy Number: [xxxxxxx]]

[Effective Date: [xxxxxxxxx]]

This amendment is attached to and made a part of *your certificate*. Except as modified below, all policy terms, conditions and limitations apply.

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2. *Your* unmarried natural child, step-child, [foster child,] legally adopted child, or a child placed for adoption whose age is less than the limiting age and who is not provided coverage as a named subscriber, insured, enrollee, or *covered person* under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89097, 42 U.S.C. Section 1395, et seq.;
3. An unmarried child whose age is less than the limiting age and for whom *you* have received a court or administrative order to provide coverage and who is not provided coverage as a named subscriber, insured, enrollee, or *covered person* under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89097, 42 U.S.C. Section 1395, et seq.;
4. *Your dependent* child who upon attainment of the limiting age while insured under the *policy* is and continues to be both incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent upon the *primary insured* for support and maintenance. Proof of such incapacity and dependency must be furnished to *us* by the *primary insured* at least 31 days after the child's attainment of the limiting age. *We* may require at reasonable intervals following the child's attainment of the limiting age subsequent proof of the child's incapacity and dependency. *We* may require subsequent proof not more than once each year.
5. A covered *dependent's* newborn child (limited to 18 months after birth).

Dependent does not mean a:

1. Grandchild, unless such child is born to a *dependent* covered under the *policy*.
2. Great grandchild; or
3. Child who has not yet attained full legal age, but how has been declared by a court to be emancipated.

The limiting age for each child to be considered a *dependent* under the *policy* is [the child's 31st birthday][the end of the month in which the child attains the age of 31].

A covered *dependent* child who becomes eligible for other group dental coverage no longer is eligible for coverage under the *policy*.

We will not deny enrollment of a child on the grounds that: (1) the child was born out of wedlock; or (2) the child is not claimed as a *dependent* on the parent's federal income tax return; or (3) the child does not reside with the parent or in *our* service area.

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The Dependent Coverage Eligibility Date provision of Section IV – Eligibility is removed and replaced with:

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1. On the date the *primary insured* is eligible for coverage;
2. On the date of the *primary insured's* marriage (spouse and/or stepchildren);
3. On the date of birth of the *primary insured's* natural-born child; or
4. On the date a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption.

A *Dependent* child is eligible to apply if he or she is under the age of [25].



[Gerald L. Ganoni]
[President]

[



]

AMENDMENT

HUMANADENTAL INSURANCE COMPANY

[Policyholder: [John Doe]]

[Policy Number: [xxxxxxx]]

[Effective Date: [xxxxxxxxx]]

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3. An unmarried child whose age is less than the limiting age and for whom *you* have received a court or administrative order to provide coverage and who is not provided coverage as a named subscriber, insured, enrollee, or *covered person* under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89097, 42 U.S.C. Section 1395, et seq.;
4. *Your dependent* child who upon attainment of the limiting age while insured under the *policy* is and continues to be both incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent upon the *primary insured* for support and maintenance. Proof of such incapacity and dependency must be furnished to *us* by the *primary insured* at least 31 days after the child's attainment of the limiting age. *We* may require at reasonable intervals during the 2 years following the child's attainment of the limiting age subsequent proof of the child's incapacity and dependency. After such 2-year period *we* may require subsequent proof not more than once each year.
5. A covered *dependent's* newborn child (limited to 18 months after birth).

***Dependent does not* mean a:**

1. Grandchild, unless such child is born to a *dependent* covered under the *policy*.
2. Great grandchild; or
3. Child who has not yet attained full legal age, but how has been declared by a court to be emancipated.

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1. On the date the *primary insured* is eligible for coverage;
2. On the date of the *primary insured's* marriage (spouse and/or stepchildren);
3. On the date of birth of the *primary insured's* natural-born child; or
4. On the date a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption.

A *Dependent* child is eligible to apply if he or she is under the age of [25].



[Gerald L. Ganoni]
[President]

[



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